

# Application for Post Office Box

Applicant:

Name:

Address:

  
  
  
  

Telephone No:

## An Post

I wish to apply for

Post Office Box/Caller facilities at

On behalf of myself / firm / promotion residing at the above address.

Please tick whichever is appropriate.

☐

(a) All mail for the above address to be held for collection.

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(b) Only mail bearing the Post Office Box No to be held for collection.

Signature 1:

Date:

Print

Signature 1:

Signature 2:

Date:

Print

Signature 2:

Customers applying for a PO Box facility in Dublin should return this application form along with the appropriate fee to: Annual Fee Billing Unit, An Post, Room 2D GPO, Dublin 1, D01 F5P2. If you are applying for a PO Box facility outside of Dublin please return this application form along with the appropriate fee to your local Delivery Services Unit.

## For Official Use Only

PO Box No. Allocated:

Fee Paid:

Identification Card Forwarded: